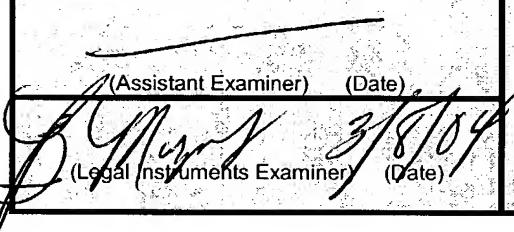
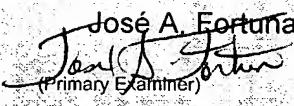
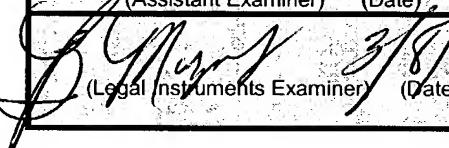


Issue Classification 	Application No.	Applicant(s)
	10/051,356	BAUMOLLER ET AL.
	Examiner	Art Unit
	José A Fortuna	1731

ORIGINAL				CROSS REFERENCE(S)						
CLASS		SUBCLASS		CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)					
162		158		162	172	179	135	173		
INTERNATIONAL CLASSIFICATION				424	402	443	449			
D	2	1	H	17/72	428	195.1				
D	2	1	H	17/14						
D	2	1	H	17/06						
D	2	1	H	17/24						
D	2	1	H	17/53						
 (Assistant Examiner) (Date)				 José A. Fortuna (Primary Examiner) (Date)					Total Claims Allowed: 13	
 (Legal Instruments Examiner) (Date)									O.G. Print Claim(s)	O.G. Print Fig.
									1	None

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant		<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47	
Final	Original	Final	Original	Final	Original	Final	Original
1	31	61	91	121	151	181	
2	32	62	92	122	152	182	
3	33	63	93	123	153	183	
4	34	64	94	124	154	184	
5	35	65	95	125	155	185	
6	36	66	96	126	156	186	
7	37	67	97	127	157	187	
8	38	68	98	128	158	188	
9	39	69	99	129	159	189	
10	40	70	100	130	160	190	
11	41	71	101	131	161	191	
12	42	72	102	132	162	192	
13	43	73	103	133	163	193	
14	44	74	104	134	164	194	
15	45	75	105	135	165	195	
16	46	76	106	136	166	196	
17	47	77	107	137	167	197	
18	48	78	108	138	168	198	
19	49	79	109	139	169	199	
20	50	80	110	140	170	200	
21	51	81	111	141	171	201	
22	52	82	112	142	172	202	
23	53	83	113	143	173	203	
24	54	84	114	144	174	204	
25	55	85	115	145	175	205	
26	56	86	116	146	176	206	
27	57	87	117	147	177	207	
28	58	88	118	148	178	208	
29	59	89	119	149	179	209	
30	60	90	120	150	180	210	

Issue Classification 	Application No.		Applicant(s)	
	10/051,356		BAUMOLLER ET AL.	
	Examiner		Art Unit	
	José A Fortuna		1731	

ISSUE CLASSIFICATION			
ORIGINAL		CROSS REFERENCE(S)	
CLASS	SUBCLASS	CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)
INTERNATIONAL CLASSIFICATION			
D 0 6 M	13/17		
D 0 6 M	13/144		
A 6 1 K	7/00		
D 0 6 M	13/224		
A 6 1 K	9/00		
(Assistant Examiner) (Date)		(Primary Examiner) (Date)	
(Legal Instruments Examiner) (Date)		Total Claims Allowed:	
		O.G. Print Claim(s)	O.G. Print Fig.

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant		<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47	
Final	Original	Final	Original	Final	Original	Final	Original
211		241		271		331	
212		242		272		332	
213		243		273		333	
214		244		274		334	
215		245		275		335	
216		246		276		336	
217		247		277		337	
218		248		278		338	
219		249		279		339	
220		250		280		340	
221		251		281		341	
222		252		282		342	
223		253		283		343	
224		254		284		344	
225		255		285		345	
226		256		286		346	
227		257		287		347	
228		258		288		348	
229		259		289		349	
230		260		290		350	
231		261		291		351	
232		262		292		352	
233		263		293		353	
234		264		294		354	
235		265		295		355	
236		266		296		356	
237		267		297		357	
238		268		298		358	
239		269		299		359	
240		270		300		360	